ROCK COUNTY HEALTH CARE CENTER - FDD

3530 NORTH COUNTY TRUCK HWY F

JANESVILLE 53547 Phone: (608) 757-5000 Ownership:
Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License:

JANESVILLE 53547 Phone: (608) 757-5000 Ownership: County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: FDDs Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/03): 24 Title 18 (Medicare) Certified? No Total Licensed Bed Capacity (12/31/03): 24 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/03: 23 Average Daily Census: 23

Services Provided to Non-Residents	Age, Gender, and Primary Dia	Length of Stay (12/31/03)	용					
Home Health Care	No	Primary Diagnosis	용	Age Groups	%		8.7	
Supp. Home Care-Personal Care	No					1 - 4 Years	17.4	
Supp. Home Care-Household Services	No	Developmental Disabilities	95.7	Under 65	78.3	More Than 4 Years	73.9	
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	8.7			
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	13.0		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	********	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent		
Congregate Meals No		Cancer	0.0			- Nursing Staff per 100 Resident		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	0.0	65 & Over	21.7			
Transportation	No	Cerebrovascular	0.0			RNs	6.0	
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	4.8	
Other Services	No	Respiratory	0.0			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	4.3	Male	60.9	Aides, & Orderlies	94.1	
Mentally Ill	No			Female	39.1	İ.		
Provide Day Programming for			100.0					
Developmentally Disabled	Yes				100.0	I		

Method of Reimbursement

		edicare itle 18			Medicaid (Title 19) Oth		Other	Private r Pay			Family Care			Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	ογο	Per Diem (\$)	No.	્	Per Diem (\$)	No.	્	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				23	100.0	186	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	23	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		23	100.0		0	0.0		0	0.0		0	0.0		0	0.0		23	100.0

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Admissions, Discharges, and	1	Percent Distribution	n of Residents'	Condit	ions, Services,	and Activities as of 12	2/31/03
Deaths During Reporting Period	1						
	1			9	% Needing		Total
Percent Admissions from:	- 1	Activities of	8	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		69.6	30.4	23
Other Nursing Homes	50.0	Dressing	26.1		56.5	17.4	23
Acute Care Hospitals	0.0	Transferring	43.5		26.1	30.4	23
Psych. HospMR/DD Facilities	50.0	Toilet Use	26.1		30.4	43.5	23
Rehabilitation Hospitals	0.0	Eating	21.7		60.9	17.4	23
Other Locations	0.0	*****	*****	*****	*****	*****	*****
Total Number of Admissions	2	Continence		%	Special Treat	ments	8
Percent Discharges To:	1	Indwelling Or Extern	nal Catheter	4.3	Receiving R	espiratory Care	4.3
Private Home/No Home Health	0.0	Occ/Freq. Incontiner	nt of Bladder	78.3	Receiving T	racheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	78.3	Receiving S	Suctioning	0.0
Other Nursing Homes	0.0				Receiving C	stomy Care	4.3
Acute Care Hospitals	50.0	Mobility			Receiving T	'ube Feeding	4.3
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	17.4	Receiving M	Mechanically Altered Diet	s 60.9
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Residen	t Characteristics	
Deaths	50.0	With Pressure Sores		0.0	Have Advanc	e Directives	17.4
Total Number of Discharges	1	With Rashes		0.0	Medications		
(Including Deaths)	2				Receiving F	sychoactive Drugs	69.6

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This	1	FDD		All					
	Facility	Fac	cilities	Fac	ilties					
	용	90	Ratio	왕	Ratio					
Occupancy Rate: Average Daily Census/Licensed Beds	95.8	89.6	1.07	87.4	1.10					
Current Residents from In-County	91.3	33.5	2.72	76.7	1.19					
Admissions from In-County, Still Residing	100.0	11.3	8.85	19.6	5.09					
Admissions/Average Daily Census	8.7	21.3	0.41	141.3	0.06					
Discharges/Average Daily Census	8.7	25.0	0.35	142.5	0.06					
Discharges To Private Residence/Average Daily Census	0.0	11.4	0.00	61.6	0.00					
Residents Receiving Skilled Care	0.0	0.0	0.00	88.1	0.00					
Residents Aged 65 and Older	21.7	15.3	1.42	87.8	0.25					
Title 19 (Medicaid) Funded Residents	100.0	99.3	1.01	65.9	1.52					
Private Pay Funded Residents	0.0	0.5	0.00	21.0	0.00					
Developmentally Disabled Residents	95.7	99.4	0.96	6.5	14.73					
Mentally Ill Residents	0.0	0.3	0.00	33.6	0.00					
General Medical Service Residents	4.3	0.3	13.56	20.6	0.21					
Impaired ADL (Mean)*	53.0	53.1	1.00	49.4	1.07					

50.1

11.0

1.39

0.84

57.4 1.21

7.3 1.26

69.6

9.2

Psychological Problems

Nursing Care Required (Mean) *